

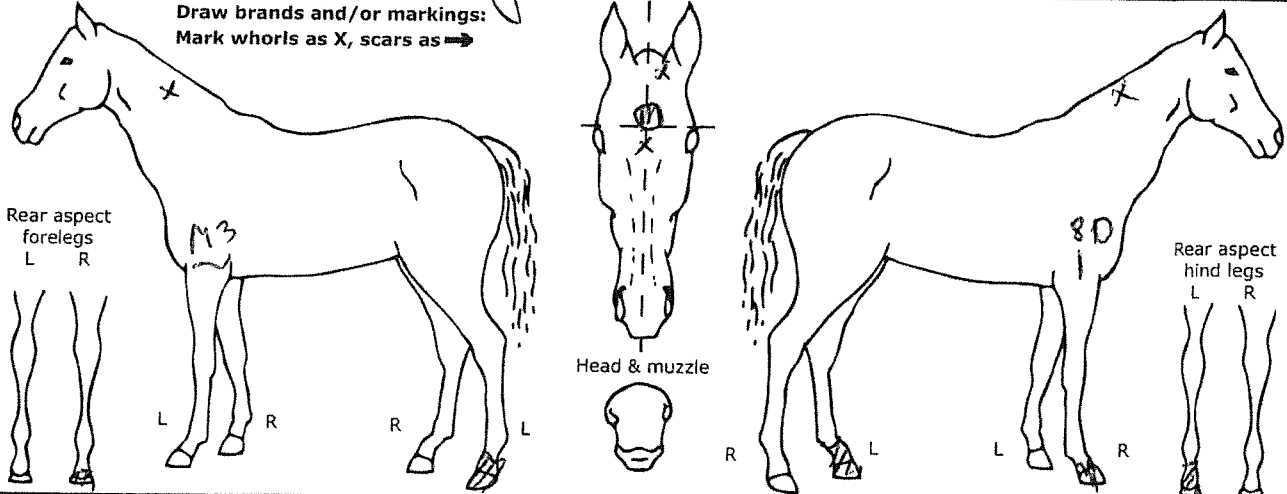


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This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine or any other medication.

Animal presented as: <u>Kerimba</u>		Age/DOB: <u>2001</u>	
(If unnamed) Sire: _____		Dam: _____	
Breed: <u>Haroungi</u>	Colour: <u>brown</u>	Microchip No: <u>985101074068955</u>	
Owner (if known): <u>Kia Ora</u>		Address (if known): _____	
Person requesting examination: <u>Alex Kingston</u>		Place of examination: <u>Kia Ora Stud</u>	



**This mare was examined** (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

**The mare was** (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

**Reported last serve date**

~~29/10/17~~ - 23/11/17

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <u>70mm x 70mm</u>	Left: <u>25mm</u>	<u>(corpus luteum present)</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>60mm x 60mm</u>	Right: <u>25mm</u>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3x 20mm cysts</u>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder					
Visual Examination	<u>normal appearance</u>				
Manual Examination	<u>no abnormalities</u>				

Other comments

Date: 9/4/18

Name (please print): David D Meara

Contact Number: 6545 1333

AVA No: 6233 VPB No: 5561

Signed: [Signature]

Place stamp/write address here: 11419  
Scone Equine Hospital  
106 Liverpool St  
Scone NSW 2337